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EDITORIAL COMMENT

Penile erection is a complex neurovascular phenomenon that depends on the balance and integration of multiple overlapping control systems, including neurotransmitters, vasoactive agents, and endocrine factors. The link between testosterone (depletion and supplementation) and erectile function has been extensively studied in preclinical research. Nevertheless, considerable gaps in our understanding of these interactions remain to be elucidated. In either surgically or medically castrated animal models, it has been demonstrated that androgen deprivation results in a significant reduction in trabecular smooth muscle content and a marked increase in connective tissue deposition in the corpus cavernosum.¹ These changes ultimately lead to impaired sinusoidal expandability and thus corporeal veno-occlusive dysfunction (CVOD).² Other changes that have been observed in orchiectomized animals include the accumulation of adipocyte-like cells in the subtunical regions of the corpus cavernosum³ and structural changes in the penile nerves.⁴

In this study, the authors elucidate in an elegant fashion one of the missing links in our understanding of how androgens are involved in the regulation of penile erection.⁵ They demonstrate the critical role testosterone plays in regulation of penile vascular endothelial growth factor (VEGF) expression on both transcriptional (mRNA) and translational (protein) levels. The authors suggest that VEGF is expressed by endothelial cells lining the sinus; however, when reviewing the histology figure, the multilayered aspect of the stained perisinusoidal cells (Fig. 1A in⁵) suggests that expression may be present in the subendothelial cavernous smooth muscle. Thus, in addition to the conclusions drawn by the authors, VEGF may further play a role in maintenance of smooth muscle content and function. The specific tissue and cell types regulated by VEGF need to be further investigated in future research. Furthermore, erectile function is significantly compromised 1 week postcastration and returns to normal after 1 week of androgen replacement. Because these intervals are rather short, this raises the question of whether trophic changes induced by VEGF are the capital pathway of the effects of testosterone replacement on erectile function, or whether direct functional effects of androgens possibly play an additional role.

Rogers et al previously reported that both VEGF and VEGF gene therapy in castrated rats prevented and reversed venogenic erectile dysfunction as illustrated by an increased response to papaverine injection and a significantly decreased venous leakage.² In the latter study, VEGF (gene) therapy resulted in recovery of endothelial, neural, and smooth muscle structure, and decreased penile fibrosis after castration. These results replicate those found in studies using testosterone supplementation in castrated animals.⁶

Thus, it is becoming increasingly apparent that androgens regulate and maintain penile structure and function at least partially through interference with paracrine signaling in the erectile tissue. Of note, however, is that castration in rodents produced demonstrable changes in penile structure and reduced erectile function. This may be attributed to the fact that the rodents' adrenal glands do not produce sufficient androgen.⁷ Translation of these results to the human should therefore be

done with caution. As the authors mention, further studies are required to fully understand the complex interactions between androgens and paracrine signaling in the erectile tissue.

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